Please type a plus sign (+) inside this box

+

PTO/SB/121 (10-00) Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CORRESPONDENCE ADDRESS INDICATION FORM

 \boxtimes

*Total of

Address to:

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

	*				****		***	
Direct all correspondence to: Place Customer								
\boxtimes	Customer Number: 23117			7	Number Bar Label Here →			
OR	Type Customer Number here							
Request for Customer Number (PTO/SB/125) submitted herewith.								
in the following listed application(s) or patent(s):								
Patent Nui (if appropr		Application Number			Patent Date (if appropriate)		U.S. Filing Date	
		10/07	6,657				February 19, 2002	
					(4	check one)		
Typed or Printed Name	Arthur R. Crawford					_ ^	pplicant or Patentee	
Signature	hal life						Assignee of record of the entire interest. Statement under 37 C.F.R. §	
Date	September 8, 2004					3	3.73(b) is enclosed. (Form PTO/SB/96)	
Address of signer:	1100 North Arlington, V	Glebe Road, 8 th Floor A 22202				⊠ A	ttorney or Agent of record	
						· 	25,327 (Reg. No.)	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*								

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Assistant Commissioner of Patents, Box CN, Washington, DC 20231.

forms are submitted.